



The Role of Specialty Competence in Ethical Compliance: *How do we know who's competent?*

Terry Patterson, EdD, ABPP

This seemingly simple question raises some complex considerations on ethical, legal, and clinical dimensions. The APA *Ethical principles of psychologists and code of conduct* 2.01(a) (Boundaries of Competence) states: “Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education training, supervised experience, consultation, study, or professional experience” (APA, 2002). Sounds good, but *how much* education, *what level* and *what type* of supervised experience, consultation, study, or personal experience is required? Legally, the BOP regulations address our scope of practice in a similar fashion. Clinically, we know that “best practices” and to some extent “empirically validated treatments” need to be considered, but with so many theories, models, paradigms, techniques, populations, disorders, and problems, how do we begin to find out what constitutes competent practice? I suggest that few of us can answer this question in every area psychologists practice today, and the objective of this column is to provide guidelines for decision-making in the critical areas of competence.

A first step might be to review and consider the standards that have been established for specialty areas, and the path to understanding them leads us into clinical realms. The first place to search is practice guidelines (see APA, 2006), particularly those sanctioned by APA. At present the Practice Organization offers continuing education courses and certificates in Alcohol and Substance Use Disorders and an examination in Psychopharmacology. The American Board of Professional Psychology (ABPP) is comprised of 13 specialty boards, which are supported by Academies which promote specialty training and standards. Other established organizations such as the Association for Specialists in Group Work (ASGW), The American Academy of Clinical Hypnosis (ASCH), and The Sexuality Information and Education Council (SIECUS) promote standards and offer graduated training sequences.


Universities and private institutes such as the Gottman Institute (couple therapy), the Albert Ellis Institute (REBT), and the Eye Movement Desensitization Reprocessing Institute (EMDR) offer training and certificates as well. It is possible with some planning and effort for a psychologist to cobble together mandatory continuing education units that constitute expertise in a specific area, although variation from one source to another can make this difficult. Another avenue might be to obtain expert supervision or mentoring and engage in self study. Thus, it is possible to obtain criteria and obtain training for major specialties.

A useful situation to consider is the specialty of Couple and Family Psychology (see Stanton and Welsh, in press), an ABPP specialty. There are very few doctoral programs with sufficient concentrations to qualify as a specialty in this key area, and the number of independent training institutes has dwindled to a handful in recent decades. Yet a majority of psychologists will treat a couple or a family at some point in their clinical practice. Is this unethical? Many say they do it successfully and have not had complaints, but lack of training in this defined specialty violates the ethical guideline listed above. For

the casual practitioner who treats couples, it may be sufficient to accumulate continuing education courses, engage in self-study, and obtain supervision or mentoring in this area.

But what about emerging areas in which professional standards have not been created, or are not available for professional psychologists? These include expressive arts therapies such as music and dance, body therapies, and mediation. The question in these areas becomes: Is there a basis in the literature or in accumulated studies that establishes validity for these approaches in clinical practice? If not, it is advisable not to employ them as therapeutic practices, but perhaps rather to recommend them as nonstandard adjuncts to therapy. Certain methods used in body therapies (e.g., yoga) such as breathing exercises and relaxation training relate closely to psychotherapy techniques can be part of therapy, but body therapies per se should not be cleverly disguised as psychotherapy. Yoga, music and dance therapy, and mediation are established practices separate from psychotherapy and even from psychology and include their own standards for competency.

So as a basic guide to understanding whether we or others are practicing competently, the following guidelines are offered:

- Know what established specialty guidelines are, and obtain the necessary training and experience;
- If there are no established guidelines, search for literature that provides some reasonable evidence for validity and effectiveness of a practice
- If a practice doesn't exist in the professional literature and it is not within psychologists' scope of practice, do not engage in it as a clinical methodology. 

References

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Terry Patterson, EdD, ABPP, is a member of the CPA Ethics committee and a Professor in the Department of Counseling Psychology at the University of San Francisco, where he chairs the Institutional Review Board for the Protection of Human Subjects. He also maintains an independent practice in San Francisco, and is an ABPP in Couple and Family Psychology. He writes regularly on ethics, training issues, and couples therapy.